



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91106 001 \*\*\*122.50

<b>DOCUMENT # N26686</b> 1. Entity Name <b>FIRST UNITED METHODIST CHURCH OF MIAMI FOUNDATION, INC.</b>					
Principal Place of Business <b>400 BISCAYNE BLVD. MIAMI, FL 33132</b>			Mailing Address <b>400 BISCAYNE BLVD. MIAMI, FL 33132</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03172004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-1141042</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIMMONS, HELEN 400 BISCAYNE BLVD. MIAMI, FL 33132</b>			7. Name and Address of New Registered Agent Name <b>Opal Winebrenner</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 Biscayne Blvd</b> <b>Miami, FL 33132</b> City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Opal Winebrenner</i></u> <span style="float: right;">4/21/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SIMMONS, HELEN</b> <input checked="" type="checkbox"/> Delete <b>400 BISCAYNE BLVD MIAMI, FL 33132</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Opal Winebrenner</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>400 Biscayne Blvd Miami, FL 33132</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CHAVIANO, EMILIO</b> <input type="checkbox"/> Delete <b>400 BISCAYNE BLVD MIAMI, FL 33132</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>EDWARDS, ALFRED JR</b> <input type="checkbox"/> Delete <b>1040 N. VENETIAN DR MIAMI, FL 33139</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BRIDGES, EUGENE</b> <input type="checkbox"/> Delete <b>10932 GRIFFING BLVD. NORTH MIAMI, FL 33161</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HUTSON, JAMES J</b> <input type="checkbox"/> Delete <b>400 BISCAYNE BLVD. MIAMI, FL 33132</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Opal Winebrenner</i></u> <span style="float: right;">4/21/04</span> <span style="float: right;">305-371-4706</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					